

November 02, 2010

Clerk, U.S. Bankruptcy Court

IT IS ORDERED that the Application below is approved.



ALBERT E. RADCLIFFE
U.S. Bankruptcy Judge

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re:

)
)
)
)
)
)
)
)
)

Case No: _____
APPLICATION FOR SPECIAL
ADMISSION *PRO HAC VICE*,
AND ORDER THEREON

Debtor(s)

)
)
)
)

Adv. Proc. No. (if applicable): _____

Plaintiff(s)

v.
)
)
)
)
)

Defendant(s)

The undersigned, attorney for the following named party(s): _____, moves for admission of the following attorney *pro hac vice*: _____

(a) APPLICANT ATTORNEY INFORMATION

(1) Personal Data:

- (A) Attorney's Name:
- (B) Firm or Business Affiliation:
- (C) Mailing Address:
- (D) Business Telephone Number:
- (E) Fax Telephone Number:
- (F) E-Mail Address:

(2) **Bar Admissions Information:** I certify that I am now a member in good standing of the following State and/or Federal Bar Association:

(A) State Bar Admissions, Standing, Admissions Date and BAR ID Number:

(B) Federal Bar Admissions, Standing, Admissions Date and BAR ID Number:

(3) **Certification of Disciplinary Proceedings:**

I certify that I am not now, nor have I ever been subject to any disciplinary action by any State or Federal bar association or administrative agency.

I certify that I am now, or have been subject to disciplinary action from a State or Federal bar association or administrative agency (see attached letter of explanation).

(4) **Certification of Professional Liability Insurance:** I certify that I have a current professional liability insurance policy that will apply in this case, and that the policy will remain in effect during the course of these proceedings.

(b) **CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:** I certify that:

(1) I am a member in good standing of the Bar of this court, and that I will serve as designated local counsel in this particular case.

(2) I have verified the information supplied by the applicant in pt. (a)(2).

(3) **Local Counsel's Personal Data:**

(A) Name and Oregon State Bar ID Number:

(B) Firm or Business Affiliation:

(C) Mailing Address:

(D) Business Telephone Number:

(E) Fax Telephone Number:

(F) E-Mail Address:

(4) **Meaningful Participation Requirements:** I certify that I have discussed the participation requirements of LR 83.3 with my associate counsel.

(c) **SIGNATURES OF COUNSEL**

Local Counsel
NAME:
ADDRESS:

PHONE:

Special Admissions Applicant
NAME:
ADDRESS:

PHONE: